

DEC 16 2008

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A T T O R N E Y S A T L A W**FAX COVER PAGE**

DATE: December 16, 2008

PAGES INCLUDING THIS PAGE: 16

TO: Examiner Michael J. Araj, Group Art Unit 3775
COMPANY: U.S. Patent and Trademark OfficeFAX NUMBER: 571-273-8300
PHONE NUMBER:

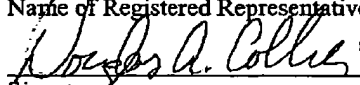
FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333

FAX NUMBER: (317) 636-1507

RE: Response to Final Office Action for U.S. Patent Application No. 10/826,684 to Hugues F. Malandain

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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Client Matter No.: 333 MSDI-942

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PTO/SB/21 (09-04)

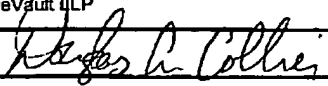
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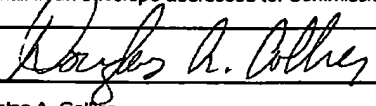
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/826,684
	Filing Date	April 16, 2004
	First Named Inventor	Hugues F. Malandain
	Art Unit	3775
	Examiner Name	Michael J. Araj
Total Number of Pages in This Submission	Attorney Docket Number	MSDI-942/P32451.00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Krieg DeVault LLP		
Signature			
Printed name	Douglas A. Collier		
Date	December 16, 2008	Reg. No.	43,556

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Douglas A. Collier	Date	December 16, 2008

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/826,684
		Filing Date	April 16, 2004
		First Named Inventor	Hugues F. Malandain
		Examiner Name	Michael J. Araj
		Art Unit	3775
TOTAL AMOUNT OF PAYMENT (\$) 440.00		Attorney Docket No.	MSDI-942/P32451.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg DeVault LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

52

26

Multiple dependent claims

220

110

390

195

Total Claims 38 - 44 or HP = 0 x 52.00 = 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 6 - 4 or HP = 2 x 220.00 = 440.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = / 50 = (round up to a whole number) x Fee (\$)

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY		
Signature	<u>Douglas A. Collier</u>	Registration No. (Attorney/Agent) 43,556
Name (Print/Type)	Douglas A. Collier	Telephone (317) 636-4341
		Date December 16, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:)	Before the Examiner:
Hugues F. Malandain)	Michael J. Araj
)	
Application Serial No. 10/826,684)	Group Art Unit:
)	3775
Filed: April 16, 2004)	
)	Ref. No. MSDI-942/P32451.00
SUBCUTANEOUS SUPPORT)	
)	December 16, 2008

RESPONSE TO FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed October 29, 2008, please enter and consider the following amendments and remarks. Additional claims fees for two independent claims are enclosed herewith. No additional fees or extensions of time are believed due for consideration of the enclosed. However, please provide any extensions of time necessary and charge any additional fees which may be due to Deposit Account No. 12-2424, but not to include any payment of issue fees.

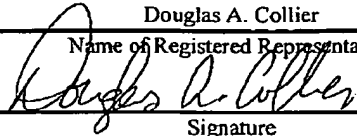
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December 16, 2008

Date of Transmission

Douglas A. Collier

Name of Registered Representative



Signature

December 16, 2008

Date of Signature

Response to Final Office Action
Application Serial No. 10/826,684
Atty Docket No. MSDI-942/P32451.00
Page 1 of 12